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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000035899 (0)

1. Corporation Name
HOBBY & TOYS IMPORT AND EXPORT INC.



Principal Place of Business

~~2593 CHATTAM CIRCLE~~
~~#6-206~~
~~KISSIMMEE FL 34740~~
~~US~~

Mailing Address

141 N E 3RD AVE
SUITE 206
MIAMI FL 33132-2221
US

3. Date Incorporated or Qualified
05/08/1995

3a. Date of Last Report
03/25/1996

2. Principal Place of Business

21 7680 REPUBLIC DRIVE

Suite, Apt. #, etc.

22 424

City & State

23 ORLANDO, FL

24 Zip 32819

Country

25 U.S.A.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 30

4. FEI Number

65-0577716

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

B & L BUSINESS LEGAL INC.
141 NORTH EAST 3RD AVENUE
~~SUITE NO. 206~~
MIAMI FL 34746

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of signatory, if agent, is of the filer, only)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE
NAME PIRES, JADIEL
STREET ADDRESS 2593 CHATTAM CIRCLE
CITY - ST - ZIP KISSIMMEE FL

TITLE VS ☐ DELETE
NAME CASQUEIRO, JOAO C
STREET ADDRESS 141 NE 3RD AVE STE 206
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME PIRES, JADIEL
1.3 STREET ADDRESS 2593 CHATTAM CIRCLE
1.4 CITY - ST - ZIP KISSIMMEE, FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME T. JURANDIR ALBUQUERQUE
3.3 STREET ADDRESS 141 NE 3RD AVE STE 206
3.4 CITY - ST - ZIP MIAMI, FL 33131

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE (Typed or printed name of signing officer or director)

Date

Daytime Phone #

0175723

CR2E034 (9/96)